

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

107530194

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/		↓		↓	↓
TOTAL DEP.	6	↔		↔		↔
TOTAL CLAIMS	7	[QR]	[QR]	[QR]	[QR]	[QR]

PTO-1340 (REV. 11/04)

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]

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